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Bib Data Sheet

CONFIRMATION NO. 7756

<b>SERIAL NUMBER</b> 09/801,443	<b>FILING OR 371(c) DATE</b> 03/07/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> ARC 2863 N1
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**APPLICANTS**

Suneel K. Gupta, Sunnyvale, CA;  
 Gayatri Sathyan, San Jose, CA;  
 Samuel R. Saks, Burlingame, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/255,490 02/23/1999 ABN  
 which claims benefit of 60/079,429 03/26/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

27777

**TITLE**

Oxybutynin therapy

**FILING FEE RECEIVED**  
1350

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
 No. \_\_\_\_\_ for following:

☐ All Fees☐ 1.16 Fees ( Filing )☐ 1.17 Fees ( Processing Ext. of time )☐ 1.18 Fees ( Issue )☐ Other \_\_\_\_\_☐ Credit



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Bib Data Sheet

CONFIRMATION NO. 7756

<b>SERIAL NUMBER</b> 09/801,443	<b>FILING DATE</b> 03/07/2001 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> ARC 2863 N1
<b>APPLICANTS</b> Suneel K. Gupta, Sunnyvale, CA; Gayatri Sathyan, San Jose, CA; Samuel R. Saks, Burlingame, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/255,490 02/23/1999 WHICH CLAIMS BENEFIT OF 60/079,429 03/26/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/11/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 14
		<b>INDEPENDENT CLAIMS</b> 11		
<b>ADDRESS</b> ALZA Corporation 1900 Charleston Road, M10-3 (P.O. Box 7210) Mountain View, CA 94039-7210				
<b>TITLE</b> Oxybutynin therapy				
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	